DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR BAKER AND BOUNDS (VRA 15, 4)

SALISBURY, MARYLAND

Wicomico Mem. Park

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Wicomico

MD

Salisbury

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72 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	1	8	2	2	3
	REG. NO					1
-			0.00			

FOR STATE REGISTRAR		DEPA		FICATE OF DE		SIENE 8	REG. NO.	1 8	3 2	2.	3
I. DECEASED NAME FIRS	1	MIDDLE		LAST		2a DATE OF		TH DA	Y YEAR	26 HOU	R
(TYPE OR PRINT)	rtrude	S.		Cox			06	03	87	5:30	PM
3. SEX	4. RACE		S. DATE O	OF BIRTH		6 AGE (INY	EARS LAST BIRTHDAY	() IF	UNDER I YEAR	IF UNDER	24 HRS
Female	Whit	е	Apr.		YEAR	9	3	YRS.	MIHS DAYS	HOURS	MIN.
a. BIRTHPLACE (STATE OF FOREIGH	76 CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MA		9 BALTIMO	RE CITY OR CO		FDEATH		
Maryland	USA		WIDOWI	ED X DIVO	RCED [Some	erset		= 1111		MD
Crisfield	(IF NOT IN SU	CH FACILITY, GIVE ST	REET ADDRESS)	or other instit		TYPE OF WOR	OCCUPATION K FOR MOST OF WO Maker	RKING LIFE)	12b. KIND (INDUSTRY	OF BUSINE	SSOR
30 STATE MD 131 C	ME OR OTHER INSTITUTION COUNTY METSET	130 CITY OR TO	OWN	134 INSIDE CIT	LIMITS?		ADDRESS / ZIF		. / 2	1817	
FATHER'S NAME FIRST Hiram	MIDDLE	Handy		IS MOTHER'S /		WE	WIDDLE		offmai	A\$1	
WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIALS 217-05		17 INFORMAN Harvey		Same	ADDRESS as 13 a	bcde			
gove rise to immedio couse (a), stating the underlying cause los	DUE TO, C	ONTRIBUTING		NOT RELATED T	O THE TERM	INAL DISEAS	E OR CONDITIO	DN GIVEI	N IN PART 1	lia	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	19b. COND	DITION FOR WH	ICH OPERATIC	ON WAS PERFOR	MED	20a AUTO			WERE FIND ING CAUSE		TH?
an continuous Cutter	DE DEATH HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW INJU	IRY OCCURE	RED (ENTERNA	TURE OF INJURY IN	ITEM 18 PAR	T I OR PART 2)		
OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEXA 21d. INJURY OCCURRED WHILE NOTIFY IN THE LAT WORK	LAT HOME ST	OF INJURY	ICE, FARM ETC)	211. LOCATION	00		CITY OR TOWN		COUNTY	s	TATE
22a.1 certify that (1) this saw the deceased all above (1) we) (did) (a			9 8/ .0	nd that in (my) o	ur) opinion o	, to death occurre	d on the date a	nd havi a	and from the		we) los ated
276 SIGNATURE	A. 1	Chile	mg 1	PH PH	ENDING L		STAFF PHYSICIAN		6	4/	89
James A.	Sterling	, M.D.	/	320 W.	Main	St	Crisfi	eld,	MD	2181	7
Burial, CREMATION, REMO (SPECIFY) Burial	6/6/8			dge Ceme		Cris	OF TOWN	Some	erset	- MD	TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending the should be detached for use as the bunal-transit permit. Then please remove combining with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remain

injury, or other troumatic

24 FUNERAL DIRECTOR ***Bradshaw & Sons - Crisffeld, MD

21817

250. DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE

The same of the same of the Carlotte of the Same THE A. SERVING P.S. A. 320 Y. Main St. - Determand, No. 21887 un - Januarel - E. alanda de grande al subir juni. Taldyen de com State of the state

DHMH - 16-60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

57086 JUN 1	1,	FOR STATE REGISTRAR	PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 2 9
in rage 4 may be	3. SE	Caucasia, RTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COU ONNIGN	S DATE OF BIRTH MONTH OP NTRY? MARRIED DIEVER MARRIED	0 7.02	FUNDER I VER IN UNDER 24 HRS. ONTHS DATS HOURS MIN.
1301	1	TY OR TOWN OF DEATH TI. NAME OF HOSPITAL, NOT IN SUCH FACILITY, ON MANY OF THE NOTION SUCH FACILITY, ON MANY OF THE NOTION OF THE SIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE)	n Manor N.H.	120 USUAL OCCUPATION (1795 OF WORK FOR MOST OF WORKING (FE)	MD. 126 KIND OF BUSINESS OR INDUSTRY
MARYLAND 2	30/	TATE 136 COUNTY 136 CITY O	R TOWN 13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA FIRST Lena	wido it	Roberts
TIMORE,		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCTA ES. NO PRUNKNOWN) (IF VES. GIVE WAR OR DATES) 026-	18-2293 Barbara M	Todlinger Pr Ann	lox 307 e Md 21853
101 W. PRESTON ST., BA strain the death certificate by the attending physical please remove carbonool prical, cremation, a removal or ather troumotic event, t		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON DUE TO, OR AS A CON (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	gestive Heart l' iseouence of ic Afrial Fibrillation mary Vascular I	ailure n Disease	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
AL RECORDS, he low require on. has been sign permit. Then ene prior to but ows ony injury	CERTIFICATION		WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
ISION OF VITA PHYSICIAN. T rending physici this certificors he bundl-tronsi and Mental Hygi rd or Hem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING	TH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT LOR PART 2) COUNTY STATE
DIVISION ATTENDING P sopport of or other icconstruction of the other of the other one of the other one of the other one of the other	¥	while No! while 220.1 certify that (1) (this hospital) attended the deceased alive an abave, (1) (we) (did) (did not) view the body after death	from		9, that (I) (we) last
PITAL OR A TOP the host		22b. SIGNATURE FUELLE TO 22d. PHYSICIAN'S NAME (TYPE OR PRINT)	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	6/16/87
CICLOPOLIS AND A STATE OF THE S	230	URIAL, CREMATION, REMOVAL 236 DATE	23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY THE STATE
DHMH -16 60M 7/84	190	PERAL DIRECTOR STANDARD PLANE	Egs I aun 250 DAI	TE REC D. BY REGISTRAR 26. REGISTR	AR'S SIGNATULE

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STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REG. NO REG. NO	1		OR				F HEALTH		TYGIENE			
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II NAME OF HOSPITIAL, NURSING HOME OR OTHER INSTITUTION 178 USUAL OCCUPATION 179 OF BUSINESS OR INCUSSIVE SET 178 NAME 178 NAME OF HOSPITIAL, NURSING HOME OR OTHER INSTITUTION 178 LINDRESS OR INCUSSIVE SET 178 NAME	5	76 BI	RTHPLACE (STATE OR		LOTIZEN OF WH	IAT COUNTRY?	8 MARRIED		IED U SC		COUNTY OF D	EATH
13. STEEL ADDRESS 13.				ATH	LIE NOT IN SUCH FAC	RUTY, GIVE STREET ADDRES	5)		FOR MOST OF WO	PATION ITYPE OF RKING LIFE)	WORK 126 KIN OR BUS	O OF BUILDINGS
THE WAS DECEASED EVER IN U.S. ARMED FORCES? (REGO. OR UNKNOWN) (IF YES, ONE WAS ORDATES) (PYES, ONE WAS ORDATES) (IF YES, ONE		USUA 130. S	L RESIDENCE (IF IN N	136 SOUNT	other institution, giv	E RESIDENCE BEFORE ADM	ISSION)				218	33
The External Cause Death Conditions Co	1	14. FA	THER'S NAME Little	ton	MIDDLE	layward		Nancy	ENNAME	114	yward "	AST
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		160. V	AS DECEASED EVER	AS DECEASED EVER IN U.S. ARMED FORCES? OO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) OO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)							daught	er
Conditions, if ony, which gove rise to immediate couse (a) storing the under- lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT DEATH RUT NOT DEATH RUT NOT DEATH RUT NOT HIGH IS PART 1 OR PART 2 (b). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS UNDERLYING OR PAM. 19 211 EXTERNAL CAUSE WAS UNDERLYING OR PAM. 19 212 INJURY OCCURRED (ENTERNATURE OF MURRY INTERNITION OF MURRY INTERNITION DEATH PAM. 19 213 INJURY OCCURRED (ENTERNATURE OF MURRY INTERNITION OF MURRY INTE	١		PART I DEATH V	VAS CAUSED	BY: CAUSE (o)	rouse Ol	restruct	we Pul	m. Dise	ase,	BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
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UNDERLYING OR COUNTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inspection Industry		NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
UNDERLYING OR COUNTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Interest of the resulted fram: Notural causes Interest of the remains described above, held an Autopsy Interest of the resulted fram: Notural causes Interest of the remains described above, held an Autopsy Interes	7	IFICATION	19a DATE OF OPER	ATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?						1000	
AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes . Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) SIGNATURE	2		UNDERLYING	OR	HOUR A.M.	MONTH DAY Y		W INJURY OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	F I OR PART 2)	
death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . MEDICAL EXAMINER . SIGNED . MEDICAL EXAMINER .		MEDIC	WHILE NO	WHILE -					CITY OR TO)WN	COUNTY	STATE
ACTUAL SIGNATURE M.D. MEDICAL EXAMINER DATE SIGNED M.D. MEDICAL EXAMINER DATE SIGNED M.D. MEDICAL EXAMINER SIGNED M.D. MEDICAL EXAMINER DATE SIGNED M.D. M.D. MEDICAL EXAMINER DATE SIGNED M.D. M.D. MEDICAL EXAMINER DATE SIGNED M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.											n my opinion	un.
(TYPE OR PRINT) 236. BURILAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE			ACTUAL	COM	ludes	1		TITLE (SPECIFY)				122/87
236. BURIAL, CREMATION OF MOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY (SPECIFY) BITT 3 1 5-20-87 St. Marks Opening State (SPECIFY) St. Marks Opening State (SPECIFY) Opening State (SPECIFY	2		EXAMINER'S NAME (TYPE OR PRINT)	4/01							/	/
		15	DEC IEV)					CREMATORY	23d. LOCATION CITY OF TOWN	lle	COUNTY	MD
24 FUNERAL DIRECTOR ADDRESS Change of Decay Applications (Change of Decay))	WI	п. Н. Ја	mes, 1	11, 258	Church	St.Pr.	Anne J	UN 26 10	81 0		

AND THE PROPERTY AND PROPERTY OF THE PROPERTY Section of the sectio L. A. vener, II., 250 Caurell St. Pr. Anne V [147] STATE OF MARYLAND

n n	1					STATE	OF MARYLAND			4		
99 JUN 1	Gil	FOR STATE			DEF		EALTH AND MENTAL HYGI	ENE 7	182,	5 1		
		REGISTRAR					CATE OF DEATH	REG. N	10.	1		
		EASED NAME	FIRST		WIDDLE	LA	NST .	20. DATE OF DEATH		26 HOUR		
	1112	N-100000	Andre	₽ W	F.	Но	ffman	ϵ	5-10-87	5:10 p		
	1.5EX			4 RACE		5. DATE O	,	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YE			
		Male		Wh	ite		15, 1919	68	YRS			
371	76. BR	STHPLACE SEARS	OR FOREIGN	76. CITIZEN OI	WHAT COU	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH			
0	XX	XXXXXXXX	W. VA	US		WIDOWE	D DIVORCED		erset	MD.		
20	A.C.	TY OF TOWN OF D	EATH	11. NAME OF	HOSPITAL, N	URSING HOME O	ROTHER INSTITUTION	170 USUAL OCCUPAT		OF BUSINESS OR		
2		crisfie	December 1				Mem. Hospit	al Process		en Food		
2		L RESIDENCE IFN	RSING HOME OR		130 CITY OF		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	9-11-3-3		
20	2	MD	Some	erset	Cris	field	YES X NO		Cove Apts.	/ 21817		
10	my "	THER'S NAME		MIDDLE	LA	ST	15 MOTHER'S MAIDEN NAM	NE MIDDLE		LAST		
12	/	Luth			Hoff		Bessie		Burbage			
1		AS DECEASED EVI		MED FORCES? E WAR OR DATES)			17 INFORMANT	ADDR				
/		Yes	WW		214-	16-4204	Wanda L. Hof	fman - sam				
¥.		18 CAUSE OF DE	ATH (Enter an	ly one cause pe				1		OXIMATE INTERVAL EN ONSET AND DEATH		
D. BAR		PART I. DEATH		E CAUSE (a)	Ullu	te dat	eral Myoc	andiafo	Marche	02		
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4		gave rise to i	iting the	DUE TO,	OR AS A CON	SEQUENCE OF						
100		underlying cau	use last.	(c)_					The state of the same			
6		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
9 2	ě											
180	ICATI	N. DATE OF OPER	PATION	196 CON	DITION FOR V	VHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINITING CAUS	DINGS USED SES OF DEATH?		
1/	E							YES NO	YES	№ □		
1	Ü	210 ACCIDENT WAS L	-		OF INJURY A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I OR PART 2	,		
17	S	(IF EITHER NOTIFY M	EDICAL EXAMINER		P.M.	19				1 100		
ō /	VED	ZIM PRJURY OCCU			TREET, FACTORY	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	VINO COUNTY	STATE		
	-	AT WORLD 601	104x									
		22a I certify that					. 19	ta		, that (l) (we) last		
19		saw the dece abave, (1) (we	ased alive an (did)(did na	t) view the bad	y after death	_19, and	d that in (my) (aur) apinion d	eath occurred an the o	late and hour and fram t	he couses stated		
		72% SIGNATURE	11			C	DEGREE	1		TE SIGNED		
		COM	Ited	leite	>		ATTENDING PHYSICIAN	DIRECTOR PHYSI	CIAN [] 61	11187		
1		224 PHYSICIANS	MAME (TYPE O	R PRINT)			22e ADDRESS		1	/		
MPORT		Ør.	Chris	tjon H	luddle	ston	25 Broad S	t., Prin	cess Anne,	Md.		
	23a B	URIAL, CREMATIO					METERY OR CREMATORY	23d LOCATION				
1	1	Buria	1	6/13	/87	Sunnamic	de Cemetery	Cristia?	d - Somerse	t MD		

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME
Bradshaw & Sons, Crisfield, Md. 21817

JUN 15 1987 Julia Traite D.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	REGISTRAR		CEKIIF	ICATE OF DEAT	н	REG. NO.						
	I DECEASED NAME FIRST	WIDDLE	· ·	AST	2	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR						
	Nac	omi M.	How	ard		6-1	4-87	4:35p				
9	3. SEX	4 RACE	5 DATE C			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER : YEAR	IF UNDER 24 HRS				
	Female	White	June	25. 1905	EAR	81 YRS	MONTHS DAYS	HOURS MIN.				
-	70 BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRI	ED 7	BALTIMORE CITY OR COUNT	Y OF DEATH					
)	Maryland	USA	WIDOWE	DIVORC	ED 🗍	Somerset		MD.				
7	Crisfield	E dw . W . N	icCready			TO USUAL OCCUPATION TYPEOF WORK FOR MOST OF WORKING I A T HOMEMAKE T	IZB. KIND C INDUSTRY	OF BUSINESS OR				
1	ASUAL RESIDENCE (IF NURSING HOME OR 136 COUN SOME)	ITY 13c CITY (OR TOWN Sfield	13d. INSIDE CITY LIV YES NO	X R	t. 2 - Box 64-		317				
0	14 FATHER'S NAME FIRST Gordon	Milbou	rne	15 MOTHER'S MAII FIRST	va.	MIDDIE	Hayman	7				
	160 WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT		ADDRESS						
	(1F YES, GIVE	e WAR OR DATES) 2 16	-16-733	Ira R. H	loward	- same as 13 a	abcde					
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO	NSEQUENCE OF BUILDING TO DEATH BUT		,	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO						
	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHER MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE This hospit obow (II we idid) (ad not 22). It is sician's NAME (type of Dr. James S.	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR) tol) ottended the decoose toly view the body offer dogs.	19 7. OFFICE, FARM ETC	21f LOCATION SIREET 12 At that m (my our) DEGREE ATTEN PHYSI 22a ADDRESS	opinion dec	oth occurred on the date and ha	county 19 210 DATE	1				
	23a BURIAL CREMATION REMOVAL		23c NAME OF C	EMETERY OR CREM		23d LOCATION						
	(SPECIFY) Burial	6/17/87		dge Cemet		CITY OR LOWN	merset	- MD TATE				
	24 FUNERAL DIRECTOR NAME Bradshaw & So		eld, Md	. 21817	JUN P	1 8 1987 Julia	DESIGNAL					

DHMH - 16 60M 7/84 (VRA 15, 4)

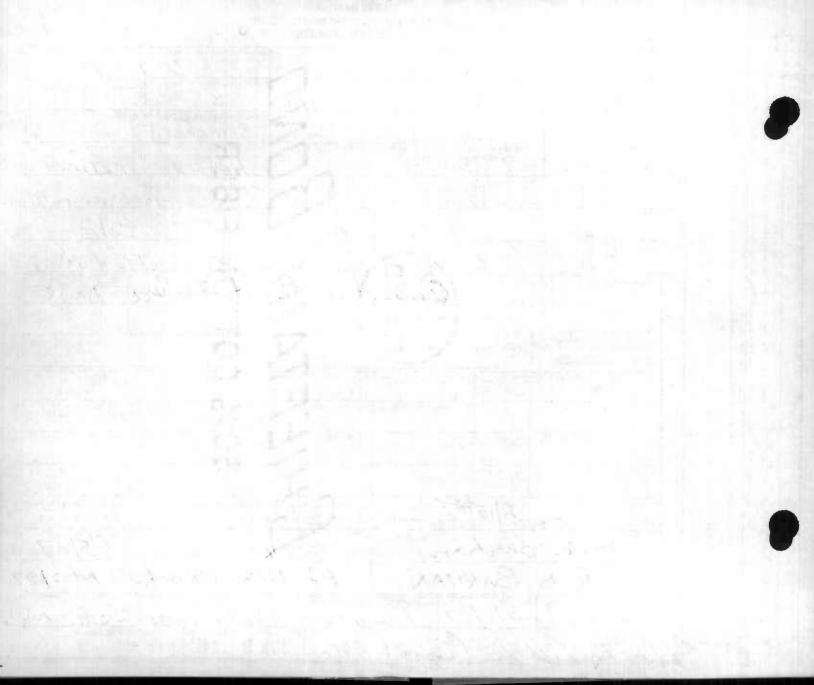
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Mark Loo	- STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYC	0/104	5
	ECEASED NAME FIRST	MIGGLE LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR	2b. HO
(14)	PE OR PRINT)	levy A. Shorter	6 1 87	
3 SI		4 RACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR	IF UND
19	M	B MONTH DAY YEAR 15 1904	83 YRS MONTHS DAYS	HOURS
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
<u> </u>	Ma	U.S. WIDOWED DIVORCED	Somerset	
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDIRESS)	126 USUAL OCCUPATION 126 KIND OF TYPE OF WORK FORMOST OF WORKING LIFE) INDUSTRY	BUSIN
	MAYUMSCO	AT HOME		ric
130	UAL RESIDENCE (IF NURSING HOME (STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNTY 136 CITY OR TOWN 138 INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE	8:
22	Md	Som MANUMSCO YES NO 54	BOX 109-A-MAR	10
91	FATHER'S NAME	MIDDLE CAST LIS MOTHER'S MAIDEN NA	MIDDLE LAST	
10	William	Shorler MA991	E COLE	
	WAS DECEASED EVER IN U.S. A	GIVE WAR OR CATES)	ADDRESS . F. 1/1	M
1 -	1/0	2/3-10-7096 HAMIE 11/1	om Ford-Cristitla	/*
N'	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one couse per line for (0) and ond (c) SED BY:	TON & FOR JUNE A BETWEEN O	NSET AL
1	IMMEDI	ATE CAUSE 10)	100/000	7
		DUE TO, OR AS A CONSEQUENCE OF		U
	Conditions, if any, which gove rise to immediate	(b)		
		DUE TO, OR AS A CONSEQUENCE OF	10	
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	AINAL DISEASE OR CONDITION CIVEN IN PART 1.	
NO	gove rise to immediate couse (a), stating the underlying couse lost.		MINAL DISEASE OR CONDITION GIVEN IN PART 110	
CATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	200 AUTOPSY? 20b. IF YES, WERE FINDING	GS US
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	FOR			TATE OF MARYLAND			
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156145 JUN 11	1. DECEASED NAME	FIRST /	MIDDLE	LAST	REG. NO.	ONTH DAY YEAR	26. HOUR
be a be	(TYPE OR PRINT)	Roxalea	T. St	erling		6-6-87	8:45am
may be page.	3. SEX	4. RACE	5. D	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	Female	Whit	-	nonth 19. 1912	74	YRS.	HOURS MIN.
2 62 27	To. BIRTHPLACE (STATE OR		WHAT COUNTRY?	ARRIED NEVER MARRIED	- 9 BALTIMORE CITY OR	COUNTY OF DEATH	
1 622	Maryland	USA	WIC	OWED DIVORCED	□ Somer		MD.
1 11 70	CITY OR TOWN OF DE	(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRES		12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
150	Crisfield	Edw.W	.McCready	Mem. Hospit	a Housekeepi	ng Hosp	ital
MARYLAND 2120	13a STATE	136 COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS		ma() /	4.0
A COMPANY	MD M FATHER'S NAME	Somerset	Crisfield	YES NO XX	Rt. 1 - Box	506 A / 21	817
AA 19/1	FIRST	MIDDLE	Tawes	FIRST Lilli	MIDDLE	TNS — I LAS	ST .
		IN U.S. ARMED FORCES?	16b SOCIAL SECURITY		an D. ADDRES	Dize 504 Rivers	ido Do
BALTIMORE, cote be execu- pore Pages I	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	219-14-4	384 Brooks L.	Sterling - Sa	lisbury, MD	21801
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OR ATTEN b) RECTOR ched for u bopt. of Hem 21 is	22b. SIGNATURE	did aid not view the body	ofter death.	DEGREE	,	22c. DAJE	
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TO HOSPITAL Cretained by the TO FUNERAL B should be detacted with the Stote B IMPORTANT. If	Dr. M	ladhav Barh	an	Rt.#413	, Crisfield	, Md. 218	8 1 7
	23a. BURIAL, CREMATION,			OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY	STATE
BP	Buria	1 6/9/87	Sunny	ridge Cemeter		- Somerset	
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR	No. of the	ADDRESS		DATE REC'D. BY REGISTRAR 25	Julia Scoidson	
(VRA 15, 4)	Bradshaw	& Sons, Cr	isfield, l	1d. 21817	JON 3 198/	Hutta Daordion.	Kundans

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NECESSARY, PLEASE FUNERAL DIRECTOR. S. FOR YOUR FILES. WITHIN 72 HOURS	5	BIRTHPLACE (STA) OREIGN COUNTRY) Mary Land		76 CITIZEN OF WH.		8 MARR WIDOW	IED NEVER M	AARRIED . 9.	Y OF DEATH	MD.			
AGE S SELW	4	Crisfiel	i	McCready	II NAME OF HOSPITAL, NURSING HOME, OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) McCready Memorial Hospit			FOR MOS See	LOCCUPATION STOF WORKING LIFE LMSTRESS	(TYPE OF WORK	WORK 126 KIND OF BUSINESS OR INDUSTRY Clothing		
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TO MEDICAL E EXECUTE THE O PAGE 4 SHOUN TO FUNERAL T A A TE DATE BATTOMESTICATION BATTOMEST	7	EXAMINER'S N	Jame	s A. Ster	ling, M.D.		.D	W. Mair	al examiner	DATE SIGNEI Crisfiel			
BP TO PET		BURIAL, CREMATI	al	3b. DATE 6/26/87	23t. NAME OF C			23d LOCA	ation town sfield	Somer		STATE Md.	
DHMH - 17 (VR A15 ME (5)) 15M 7/77		FUNERAL DIRECT		Crisfi		21817	25e. D	JUN 29	1987 25b.	REGISTRAR'S S	dean Roa	daes	

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